





Trinity Valley Community College  
 Financial Aid Office  
 903-675-6233 phone  
 903-675-6345 fax  
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ADVISOR DEGREE AUDIT  
 150% Maximum Time Frame  
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Student Name: \_\_\_\_\_ TVIN: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

**To be completed by your Academic Advisor**

Advisor Instructions: Please do not use abbreviations.

What is the student's current major? \_\_\_\_\_

Hours needed to complete degree/certificate (**include** registered or in-progress hours)? \_\_\_\_\_

Cumulative earned/passed hours (including transfer hours) to be used toward major? \_\_\_\_\_

List any hours transferred and school transferred from \_\_\_\_\_

Will the student have to repeat any classes to complete degree?  Yes  No

If yes, please explain \_\_\_\_\_

Is the student accepted into the program they are seeking?  Yes  No  N/A

If no, when will they be able to apply? \_\_\_\_\_

List all courses required to complete the requested degree plan (Course Prefix and Number – ex: ENGL 1301)

_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Additional Comments \_\_\_\_\_

Advisor Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

Student Signature \_\_\_\_\_ Date Signed \_\_\_\_\_